

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	102900-102
		Application Number	10/593,928
Title of Invention	THYROID RECEPTOR AGONISTS		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
--------------------------	---

Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Ana Maria	Garcia	Collazo	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Stockholm	Country Of Residenceⁱ	SE	
Citizenship under 37 CFR 1.41(b) ⁱ		SP		
Mailing Address of Applicant:				
Address 1		Moregatan 10, 6tr		
Address 2				
City	Stockholm	State/Province		
Postal Code	SE-118 27	Countryⁱ	SE	
Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Thomas	Anders Wilson	Norin	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Sodertalje	Country Of Residenceⁱ	SE	
Citizenship under 37 CFR 1.41(b) ⁱ		SE		
Mailing Address of Applicant:				
Address 1		Rungatan 5B		
Address 2				
City	Sodertalje	State/Province		
Postal Code	SE-151 33	Countryⁱ	SE	
Applicant 3				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Neeraj		Garg	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Tumba	Country Of Residenceⁱ	SE	

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	102900-102
		Application Number	10/593,928
Title of Invention	THYROID RECEPTOR AGONISTS		

Citizenship under 37 CFR 1.41(b) i		SE	
Mailing Address of Applicant:			
Address 1		Barkvagen 15	
Address 2			
City	Tumba	State/Province	
Postal Code	SE-147 52	Country ⁱ	SE

Applicant 4			
Applicant Authority		<input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name Suffix
	Anton	Joakim	Lofstedt
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	Uppsala	Country Of Residence ⁱ	SE
Citizenship under 37 CFR 1.41(b) i		SE	


Mailing Address of Applicant:			
Address 1		St. Olofsgatan 60 A	
Address 2			
City	Uppsala	State/Province	
Postal Code	SE-753 30	Country ⁱ	SE

Applicant 5			
Applicant Authority		<input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name Suffix
	Tomas	Fredrik	Hansson
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	Tumba	Country Of Residence ⁱ	SE
Citizenship under 37 CFR 1.41(b) i		SE	



Mailing Address of Applicant:			
Address 1		Passvagen 3	
Address 2			
City	Tumba	State/Province	
Postal Code	SE-147 53	Country ⁱ	SE

Applicant 6			
Applicant Authority		<input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name Suffix
	Lars	Jesper	Hallberg
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	Stockholm	Country Of Residence ⁱ	SE
Citizenship under 37 CFR 1.41(b) i		SE	

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	102900-102
		Application Number	10/593,928
Title of Invention	THYROID RECEPTOR AGONISTS		

Mailing Address of Applicant:				
Address 1		Hogalidsgatan 40 A		
Address 2				
City	Stockholm	State/Province		
Postal Code	SE-117 30	Country ⁱ	SE	
Applicant 7				
Applicant Authority		<input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name	Middle Name	Family Name	Suffix
	Peter		Brandt	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Uppsala	Country Of Residence ⁱ	SE	
Citizenship under 37 CFR 1.41(b) ⁱ		SE		
Mailing Address of Applicant:				
Address 1		Granelidsvagen 18 B		
Address 2				
City	Uppsala	State/Province		
Postal Code	SE-756 55	Country ⁱ	SE	
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button. 				

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).		
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.		
Customer Number	27267	
Email Address		 

Application Information:

Title of the Invention	THYROID RECEPTOR AGONISTS		
Attorney Docket Number	102900-102	Small Entity Status Claimed <input type="checkbox"/>	
Application Type	Nonprovisional		
Subject Matter			
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	102900-102
	Application Number	10/593,928
Title of Invention	THYROID RECEPTOR AGONISTS	

Publication Information:

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

<p>Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.</p>			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	27267		

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Pending	Remove	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
10/593928	a 371 of international	PCT/EP05/003033	2005-03-22
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
Remove			
Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
0406380.6	GB	2004-03-22	<input checked="" type="radio"/> Yes <input type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:


Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.	
Assignee 1	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	102900-102
		Application Number	
Title of Invention	THYROID RECEPTOR AGONISTS		

If the Assignee is an Organization check here. <input checked="" type="checkbox"/>			
Organization Name	Karo Bio AB		
Mailing Address Information:			
Address 1	Novum SE-141 57		
Address 2			
City	Huddinge	State/Province	
Country	SE	Postal Code	SE-141 57
Phone Number		Fax Number	
Email Address			
Additional Assignee Data may be generated within this form by selecting the Add button.			

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.					
Signature			Date (YYYY-MM-DD)	2008-02-26	
First Name	Elizabeth A	Last Name	Galletta	Registration Number	52941

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**